

# **Arizona Influenza Pandemic Response Plan**

## **Supplement 10: Public Health Communications**

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## **SUMMARY OF STATE RESPONSIBILITIES**

### **Interpandemic and Pandemic Periods**

- Assess and monitor readiness to meet communications needs in preparation for an influenza pandemic, including regular review and update of communications plans.
- Plan and coordinate emergency communication activities with private industry, education, and nonprofit partners (e.g., American Red Cross chapters).
- Identify and train lead subject-specific spokespersons.
- Provide public health communications staff with training on risk communications for use during an influenza pandemic.
- Develop and maintain up-to-date communications contacts.
- Participate in tabletop exercises and other collaborative preparations to assess readiness.
- Address rumors and false reports regarding pandemic influenza threats.
- Confirm any contingency contracts needed for communications resources during a pandemic.

### **Pandemic Period**

- Contact key community partners and implement frequent update briefings.
- As appropriate, implement and maintain community resources, such as hotlines and websites to respond to local questions from the public and professional groups.
- Tailor communications services and key messages to specific local audiences; utilize statewide special populations study information to target specific hard to reach populations.
- In coordination with epidemiologic and medical personnel, obtain and track information daily on the numbers and location of newly hospitalized cases, newly quarantined persons, and hospitals with pandemic influenza cases. Use these reports to determine priorities among community outreach and education efforts, and to prepare for updates to media organizations in coordination with federal partners.
- Coordinate pandemic influenza media messages to ensure consistency with Federal government messages and local/county messages
- Coordinate communications activities with federal and local communications staff, including regional or local communications centers as appropriate.
- Promptly respond to rumors and inaccurate information to minimize concern, social disruption, and stigmatization.
- Coordinate state information with federal agencies for inclusion in communications for international information exchange and communication strategies

## **I. RATIONALE**

Strategic communications activities based on scientifically derived risk communications principles are an integral part of a comprehensive public health response before, during, and after an influenza pandemic. Effective communication guides the public, the news media, healthcare providers, and other groups in responding appropriately to outbreak situations and complying with public health measures.

The goals of this plan are to:

- Describe the integral role of communications in preparing for, implementing, and evaluating public health actions to protect health and prevent pandemic influenza-associated morbidity and mortality.
- Provide state health officials, community healthcare professionals and communications specialists with guidance to assist them in developing and implementing communication plans that support an effective public health response and help minimize anxiety, fear, and stigmatization.
- Provide the basis for a well-coordinated and consistent communications strategy across jurisdictions, based on a common adherence to established risk communication principles.

This plan emphasizes the following strategies to help state and local communications professionals collaborate with each other, CDC, and other organizations to accomplish these goals:

- Provide timely, accurate, consistent, and appropriate information about pandemic influenza public health interventions.
- Emphasize the rationale and importance of adherence to public health measures that some people may consider intrusive (e.g., quarantine).
- Help set realistic expectations of public health and health care systems.
- Promptly address rumors, inaccuracies, and misperceptions.
- Minimize stigmatization that may occur during a pandemic.
- Adapt materials, utilizing information for the Arizona Special Populations Study, for special needs populations (e.g., non-English speaking populations, difficult-to-reach communities, and persons living in institutional settings) receive appropriate information.
- Acknowledge the anxiety, distress, and grief that people experience during long-term, major public health events such as pandemics.

## **II. OVERVIEW**

Communications preparedness for an influenza pandemic, as outlined in this plan, follows seven key risk communications concepts.

- When health risks are uncertain, as likely will be the case during an influenza pandemic, people need information about what is known and unknown, as well as interim guidance to formulate decisions to help protect their health and the health of others.
- Coordination of message development and release of information among federal, state, and local health officials is critical to help avoid confusion that can undermine public trust, raise fear and anxiety, and impede response measures.
- Guidance to community members about how to protect themselves and their family members and colleagues is an essential component of crisis management.

- Information provided to the public should be technically correct and succinct without seeming patronizing.
- Information presented during an influenza pandemic should minimize speculation and avoid over-interpretation of data, overly confident assessments of investigations and control measures.
- An influenza pandemic will generate immediate, intense, and sustained demand for information from the public, healthcare providers, policy makers, and news media. Healthcare workers and public health staff are likely to be involved in media relations and public health communications.
- Timely and transparent dissemination of accurate, science-based information about pandemic influenza and the progress of the response can build public trust and confidence.

During the Interpandemic Period, national, state, and local health communications professionals will focus on preparedness planning and on building flexible, sustainable communications networks and media relationships. During the Pandemic Period, they will focus on coordinated health communications to support public health interventions designed to help limit influenza-associated morbidity and mortality.

### **III. ACTIONS FOR THE INTERPANDEMIC AND PANDEMIC ALERT PERIODS**

During the Interpandemic and Pandemic Alert Periods, health communications professionals will work together to develop and maintain communications preparedness and to keep the public and other target groups updated about risks as the threat of a pandemic evolves. Actions fall into four major categories:

- Assessing communications capacity and needs statewide
- Conducting collaborative planning
- Developing and testing standard procedures for disseminating information
- Developing, testing, and disseminating messages and materials tailored to Arizona audiences.

#### **A. Assessing communications capacity and needs**

A first step in effective risk communications preparedness is to conduct an assessment of communications strengths and challenges.

##### **1. Capacity**

- As part of overall pandemic influenza preparedness planning, ADHS has developed a risk communications plan (see Appendix 4).
- Ensure adequate human and fiscal resources will be available for all phases of a pandemic.
- Prepare for resource contingencies (e.g., surge capacity) by developing and regularly updating backup plans and procedures, identifying community

resources, and training extra staff for emergency communications responsibilities.

- Ensure ongoing communications proficiency among all staff engaged in pandemic influenza response, especially given personnel changes, reorganization, or other variables.

## **2. Needs**

- Review and update risk communications plans at least annually to ensure that they remain practical and evidence-based. Plans have been shared in advance with stakeholders.
- ADHS has identified communications professionals and media spokespersons. ADHS will, as needed, provide media training and instruction in crisis and risk communication. Encourage familiarity with professional counterparts from local/regional jurisdictions or communities to facilitate collaboration.
- Familiarize key officials with available communications resources and gaps; apprise policy and key decision-makers of plans to deploy staff and resources during an influenza pandemic.
- ADHS is preparing basic communications resources in advance, and is planning to update them during a pandemic, utilizing sample templates in Appendices 2 and 3, fact sheets, and other communications tools and those available through the [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.cdc.gov](http://www.cdc.gov) websites, as well other resources.
- ADHS will identify common communications opportunities and challenges with neighboring states, particularly with regard to reaching people in high-priority risk groups; this plan will consider novel opportunities to pool communications resources.
- ADHS will continuously monitor the effectiveness of risk communication activities, adjusting as necessary to achieve public health communications objectives.
- ADHS will continuously maintain communications with Governor's office and all state agencies and update [www.az211.gov](http://www.az211.gov) with preparedness information.

### **B. Conducting collaborative planning**

Communications professionals in the public and private sectors need to ensure strong and well-integrated working relationships that will help sustain communications resources as a pandemic evolves. Interaction with all partners is vital to surveillance and other essential information exchange and to building collaborative and consistent messaging strategy. The following are critical elements of Arizona's response:

- Where and when appropriate, ADHS will coordinate training and other preparedness activities that include options for backing up key communications personnel in the event of their personal illness or emergency.
- ADHS will coordinate with partner agencies to prepare for appropriate public, healthcare provider, policy, and media responses to outbreaks of pandemic

influenza. ADHS is prepared to address the following topics as a pandemic alert draws near:

- Basic health protection information the public and other target audiences will need
  - Responsiveness, capabilities, and limitations of the public health system
  - Roles and responsibilities of diverse pandemic response stakeholders
  - Resources to help people cope with escalating fear, anxiety, grief, and other emotions (see Supplement 11).
  - How public health procedures and actions may change during different pandemic phases and why unusual steps may be needed to protect public health.
- ADHS and other response agencies will consider when and how to use federal assistance when available. For instance, background information and frequent updates for communications and other healthcare professionals will be available on the [www.pandemicflu.gov](http://www.pandemicflu.gov) website and through other official mechanisms.
  - Response agencies need to identify and engage credible local resources as partners. For example, local chapters of nonprofit health organizations may assist with urgent communications to community groups.
  - Affirm mechanisms with news media representatives to optimize effective working relationships during pandemic phases.
  - ADHS will ensure that communications professionals have opportunities to participate with other public health and emergency staff in tabletop exercises and drills to help identify and resolve potential problems in the Interpandemic and Pandemic Alert periods.

### **C. Developing and testing standard state and local procedures for disseminating information**

Although there will be much that is unpredictable about an influenza pandemic, communication processes can and should be formalized. Standard, yet flexible procedures for disseminating information support consistency, efficiency, and coordination, and improve prospects for effective feedback in both internal and external communications.

State and local communication plans will identify dissemination procedures and channels for forwarding communications from partner agencies to ensure that partners and stakeholders at all levels remain informed but protected from unnecessary messaging. As an influenza pandemic unfolds, ADHS will then relate essential information to response agencies and partners through SIREN and the Health Alert Network (see supplement 12) and to the public through [www.az211.gov](http://www.az211.gov) and [www.azdhs.gov](http://www.azdhs.gov), as well as through county/local agencies and media communications. The following activities will be used

to ensure effective state and local information dissemination during an influenza pandemic:

- Establishing expedited procedures for reviewing and approving pandemic influenza-related messages and materials.
- Establishing protocols for frequently updated information, including daily disease activity reports. These may include morbidity and mortality figures, geographic location of cases, demographics of infected populations, and the number of persons hospitalized. This is done on a weekly basis every influenza season in Arizona, as well as during declared outbreaks (e.g., West Nile and pertussis).
- Establish and maintain a website with current information through [www.azdhs.gov](http://www.azdhs.gov) and [www.az211.gov](http://www.az211.gov).
- Arizona will utilize established local, state and federal hotlines, such as the CDC-INFO telephone line (1-800-CDC-INFO; 1-800-232-4636), dissemination of public information. However, during an influenza pandemic, state will also tailor additional information for Arizona through [www.azdhs.gov](http://www.azdhs.gov) and [www.az211.gov](http://www.az211.gov).
- Prepare contingency plans to manage increased media demands. Arizona's media relations specialists from all state agencies will form a Joint Emergency News Center (JENC) or Joint Information Center (JIC), through the Arizona Division of Emergency Management (ADEM); this will ensure the coordination of messages with the Governor's office to prepare for media requests and facilitate media needs. A schedule for regularly scheduled press briefings will be determined by the Governor's office and the ADEM JIC.
- Develop ongoing coordination procedures with state agencies and organizations to conserve resources and avoid duplication in such areas as developing and pre-testing messages, and in training media spokespersons.

#### **D. Developing, testing, and disseminating locally tailored Interpandemic messages and materials**

The Interpandemic period is the ideal time to identify and learn about target audiences and raise awareness and knowledge of pandemic influenza. Doing so, however, may prove challenging. For instance, in the absence of pandemic influenza, it may be difficult to generate media and public interest in pandemic influenza. In addition, the need to inform and educate the public, healthcare professionals, policy-makers, and others about the threat of a pandemic must be balanced against the possibility that a pandemic may not occur for many years and may or may not be severe. Risk communication strategies such as dilemma-sharing and acknowledging uncertainty can help establish appropriate and balanced messages.

It is also appropriate during the Interpandemic Period to prepare communications materials for use during the Pandemic Alert and Pandemic Periods. Advance message development helps to ensure that the target audience's questions and concerns are addressed and that messages are credible and understandable. Answers to the most likely questions can be provided by way of press releases and fact sheets, using "place-holders"

for specific details to be inserted later. Reviewing and clearing these materials with the Governor's office, ADEM and state agency PIOs that will participate in the JIC, in advance can help identify potential areas of disagreement and allow time to work through controversies outside the stressful environment of an emergency response. Formative research can help inform development of appropriately tailored messages. (See Appendices 1 and 2 for additional information about message development.)

Communications efforts should also take into account knowledge, attitudes, and beliefs (KABs) that suggest how audiences understand and react to certain messages. Concerns will vary by group or subgroup but will likely include personal safety, family and pet safety, and interruption of routine life activities. State and local communications professionals will identify methods to assess the unique KABs of target audiences in their populations and communities. Such activities can help identify potential barriers to compliance with response measures, and inform message development to build support and trust.

Stigmatization and discrimination (e.g., being shunned as a perceived source of contagion) can be especially difficult and potentially dangerous during an infectious disease outbreak. Identify possible scenarios when stigmatization may occur. Plan steps to address and resolve such problems quickly and repeatedly if needed. Consider messages for general audiences, high-risk groups, and difficult-to-reach populations. (For additional information, see Supplement 11, which includes information on psychosocial factors and issues.)

Basic human needs for self-protection and protection of loved ones can have both positive and negative impacts on public health efforts. Stress, worry, and fear will be present to varying degrees throughout a pandemic. Communications professionals will work ahead of time with others—including mental health experts from Arizona's Behavioral Health community—to assess the effect of message content on public anxiety, anticipate other possible stressful situations, and plan appropriate countermeasures.

Additional considerations for developing and disseminating messages and materials about pandemic influenza include the following:

- Assess existing organizational resources for communications, including materials and messages to meet concerns and information needs of target audiences and identify current and potential information gaps.
- Maintain current, accessible, and secure communications contact lists and databases. Maintain lists electronically and updated hard copy monthly in case of electricity interruption.
- Develop a portfolio of communications information sources, including material on topics such as clinical and laboratory diagnostics, infection control practices, isolation and quarantine procedures, stigmatization management, travel control authority, and legal issues related to the pandemic. The state will utilize



information at [www.pandemicflu.gov](http://www.pandemicflu.gov) and other resources during a pandemic and adapt these materials for Arizona use.

- Work with local subject-matter experts to adapt key national messages about topics such as basic medical treatments, prioritization recommendations for high-risk groups, use of antiviral medications, and access to care. HHS will provide communications materials (e.g., fact sheets, question-and-answer documents, and message maps) for states and localities to use and adapt.
- Work with local subject-matter experts to adapt communications components of education courses and materials in multiple formats for professional audiences. Consult the [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.cdc.gov/flu/](http://www.cdc.gov/flu/) websites for information about specific materials and training opportunities.
- Develop a specific, consistent plan to identify and address rumors and misinformation promptly. Test the plan before a pandemic occurs and modify as needed to ensure it works.
- Utilize the Arizona Special Populations Study and other resources to identify preferred channels for target audiences.
- Ensure the availability of communications products in multiple languages, based on the demographics of the jurisdiction. State will provide all materials in Spanish via its Spanish version of its website and for other languages will adapt materials available via the [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.cdc.gov/flu/](http://www.cdc.gov/flu/) websites.
- Begin disseminating messages and materials to increase the knowledge and understanding of the public, healthcare professionals, policy-makers, media, and others about unique aspects of pandemic influenza that distinguish it from seasonal influenza, and generally what to expect during different phases of an influenza pandemic.
- Provide coordinated information on ways to access help (e.g., [www.az211.gov](http://www.az211.gov), local/county hotlines, helplines) and self-help (e.g., psychological resources, and stress and anxiety management).

## **V. ACTIONS FOR THE PANDEMIC PERIOD**

Communications professionals from response agencies in Arizona will focus on providing timely, accurate information in especially challenging conditions, coordinating communications leadership across all tiers of jurisdiction (e.g., local, state, regional, and national), and promptly addressing rumors, misperceptions, stigmatization, and any unrealistic expectations about public and private health provider response capacity.

### **A. Activating emergency communications plans**

According to A.R.S. 36-787, ADHS is the lead agencies for crafting public information strategies and messages during a declared public health emergency. Once a public health emergency is declared and state PHIMS (see Primary Plan - Appendix A) is activated, communications demands will increase. This will raise the need to communicate health risk to local populations (for example, if a human case of avian influenza is reported in Arizona). As communications demands escalate, state and local health departments will

activate emergency communications plans and system, including local and state hotlines and [www.az211.gov](http://www.az211.gov).

### **B. Refining and delivering messages**

Arizona will follow these steps ensuring the delivery of proper messages:

- Provide regular updates and offer opportunities to address questions (e.g., in partnership with news media, in public forums, and in printed or electronic messages).
- Distribute practical information, such as travelers' advisories, infection control measures, and information about potential priority distribution of antiviral medications and first-generation vaccines. Be prepared to immediately address questions related to initial case(s) and to provide guidance to the public about disease susceptibility, diagnosis, and management, as well as other topics.
- Reinforce and verify ways to help people protect themselves, their families, and others, including self-care information for psychological well-being.
- Address rumors and misinformation promptly and persistently.
- Take steps to minimize stigmatization.

### **C. Providing timely, accurate information**

Depending on health, economic, and overall societal effects, such as the extent of influenza-related illness and death, communications professionals will reassess and adjust as necessary to emerging needs and expectations of public and professional audiences.

Areas meriting particular attention include:

- Community subject-matter experts and spokespersons. It may be important to consider additional recruitment and training.
- Effectiveness of procedures for keeping communications lists, materials, and databases current and accurate. Plans for having these lists available in alternate formats if electricity fails.
- Open and accessible channels for advice to the public, including ongoing functioning of hotlines in collaboration with the CDC-INFO telephone line. In addition to providing ready access to inquiries and concerns, state and local hotlines can help communications professionals assess community awareness and behaviors and adapt communications strategies.

### **D. Providing coordinated communications leadership across jurisdictional tiers (e.g., local, regional, state, and national)**

Communications officials at ADHS will work with communications officials from state agencies, county, tribal, city, and federal agencies as well as from other response partners, including healthcare and volunteer organizations, as necessary. This coordination will occur through the ADEM Joint Information Center.

#### **E. Promptly addressing rumors, misperceptions, stigmatization, and unrealistic expectations about the capacity of public and private health providers**

After the initial stages of a pandemic, news media coverage may become more mixed, with both positive and critical coverage. Hero stories may emerge, while “what ifs” and negative images may start to compete for the public attention. As the media proceeds into in-depth analysis of what happened and why, these elements become important to an effective response:

- Monitor news media reports and public inquiries to identify emerging issues, rumors, and misperceptions and respond accordingly.
- Conduct “desk-side briefings” and editorial roundtables with news media decision-makers.
- Proactively address groups that voice overly critical, unrealistic expectations.
- Establish trust with marginalized groups subject to or experiencing stigmatization and cite specific media outlets for inaccurate, misleading, or misguided reporting that may serve to encourage stigmatization.
- Maintain scheduled access to pandemic subject-matter experts to balance the media’s needs with other subject-matter expert priorities.

## **Appendix 1.**

### **Background Information for Developing Communications Messages about Pandemic Influenza**

The language, timing, and detail of key messages will depend on a number of factors, including demographics and group psychological profiles of intended audiences, available or preferred media, and urgency. However, the following points may help communications professionals adapt appropriate health messages related to an influenza pandemic:

By definition, pandemic influenza will result from a new influenza A subtype against which humans have limited or no natural immunity. Pandemic influenza virus infection therefore is likely to cause serious, possibly life-threatening disease in greater numbers, even among previously healthy persons, than occurs during seasonal interpandemic influenza outbreaks.

- Global influenza pandemics are unpredictable events, presenting challenges for communication.
- Global and domestic surveillance, coupled with laboratory testing, are vital to identifying new influenza A subtypes virus strains with pandemic potential.
- The threat of a pandemic may be heightened when a highly pathogenic avian influenza A virus spreads widely among birds and infects other animals, including humans. The strains can mutate or adapt and give rise to a strain that spreads easily from person to person in a sustained manner, causing a pandemic.
- Illness and death may be much higher during a pandemic than during annual seasonal community influenza outbreaks; pandemics can also occur in waves over several months.
- It could take many months to develop an effective pandemic influenza vaccine and immunize substantial numbers of people. Antiviral medications for treatment or prevention of pandemic influenza could have an important interim role, but may also be in short supply. Consequently, practical and common sense measures, such as frequent hand washing, covering your mouth and nose while sneezing or coughing, and staying home from work or school if you are ill with influenza-like illness, may be important to help prevent the spread of pandemic influenza.
- Although travel restrictions and isolation and quarantine procedures may limit or slow the spread of pandemic influenza in its earliest stages, these measures are likely to be much less effective once the pandemic is widespread. Alternative population containment measures (e.g., cancellation of public events) may be necessary.
- Arizona is preparing for pandemic influenza by:
  - Developing a coordinated state strategy to prepare for and respond to an influenza pandemic in conjunction with federal and local partners
  - Participating in a pandemic influenza table-top exercise within the first six months of 2006

- Already embarking on a campaign to immunize elderly adults for pneumonia, often a secondary infection to influenza that can cause fatalities in the high risk elderly population
- Educating healthcare workers about pandemic influenza diagnosis, case management, and infection control practices
- Refining pandemic influenza surveillance systems
- Developing guidelines for minimizing transmission opportunities in different settings
- Working with federal agencies as they are expanding supplies of antiviral medications in the Strategic National Stockpile and establishing guidelines for their use
- Developing candidate vaccines and establishing plans for the rapid development, testing, production, and distribution of vaccines that may target specific pandemic influenza strains
- Developing materials that county and local agencies can adapt as guidance for use during an influenza pandemic.

## **Appendix 2.**

### **Sample Materials**

ADHS will utilize materials provided and adapted from HHS which will provide communications materials for states and localities throughout all pandemic phases. Many of these resources will be made available at appropriate times on the [www.azdhs.gov/pandemic](http://www.azdhs.gov/pandemic) flu and [www.pandemicflu.gov](http://www.pandemicflu.gov) websites. Others will be disseminated by using the Health Alert Network (HAN), Epidemic Information Exchange (Epi-X), and other resources for health professionals. Current links to available materials:

Avian Influenza Fact Sheet

<http://www.cdc.gov/flu/avian/gen-info/facts.htm>

Guidance to Travelers

[http://www.cdc.gov/travel/other/avian\\_flu\\_ah5n1\\_031605.htm](http://www.cdc.gov/travel/other/avian_flu_ah5n1_031605.htm)

Interim Guidance for U.S. Citizens Living Abroad

[http://www.cdc.gov/travel/other/avian\\_flu\\_ig\\_americans\\_abroad\\_032405.htm](http://www.cdc.gov/travel/other/avian_flu_ig_americans_abroad_032405.htm)

Sample CDC News Conference Transcript

<http://www.cdc.gov/od/oc/media/transcripts/t040127.htm>

Managing Anxiety in Times of Crisis

<http://mentalhealth.samhsa.gov/cmhs/managinganxiety/default.asp>

## **Appendix 3.**

### **Additional Resources**

HHS and its agencies will make resources available to state and local health professionals to assist with their communications responsibilities during Interpandemic, Pandemic Alert, and Pandemic Periods. Because information may change frequently, check the [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.cdc.gov/flu/](http://www.cdc.gov/flu/) websites for up-to-date materials. Communications professionals in states and local areas will be able to localize and download most resources, including posters, brochures, fact sheets, media kits, webcasts, and archived satellite broadcasts. Much of the material will also be available through e-mail or mail orders. Material will include color and black and white versions for healthcare and public health professionals and for public audiences, as well as specific versions for low-literacy populations. As appropriate and feasible, materials will be provided in a variety of languages.

#### **Other resources**

National Vaccine Program Office Pandemic Influenza Website

<http://www.HHS.gov/nvpo/pandemics/>

WHO Pandemic Influenza Website

<http://www.who.int/csr/disease/influenza/pandemic/en/>

MMWR Guide for Influenza

[http://www.cdc.gov/mmwr/mguide\\_flu.html](http://www.cdc.gov/mmwr/mguide_flu.html)

Epidemic Information Exchange (Epi-X)

<http://www.cdc.gov/mmwr/epix/epix.html>

Health Alert Network (HAN)

<http://www.bt.cdc.gov/documentsapp/HAN/han.asp>; <http://www.phppo.cdc.gov/han>

Centers for Public Health Preparedness

[www.asph.org/acphp](http://www.asph.org/acphp)

This website provides locating information and links to the 40 centers involved in this network. The centers form a unique partnership that includes accredited schools of public health, dentistry schools, medical schools, veterinary schools, and state and local health departments. Together, the partners provide a countrywide defense system through the preparation of front-line public health workers and first responders.

#### **Vaccine-Specific Sites and Resources**

[Vaccine Adverse Events Reporting System \(VAERS\)](http://vaers.hhs.gov/) website at <http://vaers.hhs.gov/> or call 1-800-822-7967

#### **Surveillance Sites**

[CDC Influenza Surveillance Data](#)

[EISS: European Influenza Surveillance Scheme](#)

[EuroGROG: International Influenza Surveillance](#)  
[World Health Organization \(WHO\): Flunet](#)

### **Outbreak Sites**

[Animal and Plant Health Inspection Service \(APHIS\), Veterinary Services, U.S. Department of Agriculture \(USDA\)](#)

APHIS coordinates efforts to prepare for and respond to outbreaks of exotic animal diseases, including highly pathogenic avian influenza. Results of surveillance for influenza A viruses in avian species in the United States are reported each year by the National Veterinary Services Laboratories in the Proceedings of the U.S. Animal Health Association Annual Meeting.

World Health Organization Disease Outbreak Site

[The World Health Organization \(WHO\): disease outbreaks](#)

### **Research Sites**

National Institute of Allergy and Infectious Diseases (NIAID)

<http://www.niaid.nih.gov/dmid/influenza/pandemic.htm>

USDA Agricultural Research Service

[Agricultural Research Service \(ARS\), USDA](#)

The ARS' Southeast Poultry Research Laboratory publishes information on avian influenza research and contacts for further information.

### **Manufacture and Licensing of Influenza Vaccine**

[Center for Biologics Evaluation and Research \(CBER\), FDA](#)

CBER plays a critical role in the manufacture and licensing of influenza vaccine.

WHO Global Influenza Preparedness Plan

[http://www.who.int/csr/resources/publications/influenza/WHO\\_CDS\\_CSR\\_GIP\\_2005\\_5/en/index.html](http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5/en/index.html)



**Appendix 4.**  
**ADHS Crisis Communication Plan**

Arizona Department of Health Services

Public Information Office  
Crisis Communication Plan\*



December 2003

**(Updated January 2006)**

*\*Adapted from Centers for Disease Control and Prevention  
Media Relations Crisis Plan April 2001*

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# Introduction

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## About Crises

Crises can occur at any time. They can quickly result in widespread public confusion or anxiety, shut down a laboratory or office, harm a relationship with a partner or damage the agency's reputation. Crises can diminish public confidence in the Arizona Department of Health Service's (the Department) advice and disrupt the Department's ability to perform its public health mission.

Fortunately, with effective decision-making and communications – especially media communications – crises can be managed and resolved. Key personnel can be notified and crisis teams activated effectively. Rumors can be detected and dealt with. And the public can be given useful information in a timely manner. Sometimes crises can be anticipated and avoided altogether.

## Purpose of Plan

This crisis communication plan describes the crisis policies and procedures carried out by the Public Information Office (PIO) from pre-crisis monitoring to crisis occurrence and resolution.

The PIO goal during crises is to support the Department's public health mission and to protect its reputation. The PIO plays an essential role in resolving crises by serving as a source of credible and useful information to the media, by influencing the content and flow of information, and by directing the media's attention to what the Department and other agencies are doing, and what the public should be doing to resolve the problem.

The PIO's specific objectives are to:

- Lead the state wide Health PIO/risk communications task force for crisis communications.
- Follow events and trends in order to anticipate crises and prevent them when possible.
- Respond to crises effectively (e.g., accurate verification, timely notifications, rapid assembly of crisis teams, effective response to rumors, etc.).
- Convene a joint information center (JIC) with public information representation from the governor's office, agency personnel, federal, state, local, tribal and county public health officials including Arizona Division of Emergency Management and the Governor's Office of Homeland Security.
- Provide timely, accurate and helpful information to the public, the media, the governor's office, agency personnel, federal, state, local, tribal and county public health officials, first responders, media and other audiences during crises.

## **What is a Crisis?**

For purposes of this plan, a crisis is any event that triggers a level of public interest and media inquiry that requires the Department's PIO to significantly increase its efforts or resources in order to accomplish a reasonable media response. Crises include, but are not limited to, bioterrorism, disease outbreaks or epidemics, natural disasters, fires, issues of water, power, and computer outages, breakdowns in communications, vaccination shortages, or other emergencies in which a public health threat is either real or perceived.

## **Types of Crises**

Potential crises include the following:

- Bioterrorism event
  - Suspected
  - Declared
- Chemical terrorist event
- Radiological event
- National/multi-state disease outbreak, epidemic, investigation or environmental crisis
  - Food-borne
  - Airborne
  - Water-borne
  - Vector-borne
  - Potential to spread internationally
  - Unknown infectious agent
  - Chemical
  - Natural disasters
  - Toxic materials
  - International disease outbreak or epidemic investigation or large scale environmental disaster
  - Unknown infectious agent with potential to spread to the United States
  - Known infectious agent with potential to spread to the United States
  - Large scale environmental crises
  - War related

- Department disaster (Phoenix, Tucson or Flagstaff offices)
  - Laboratory incident with laboratory worker
  - Laboratory incident with release of material in community
  - Death of employee/contractor/visitor while on premises
  - Hostage event with/by employee/contractor on premises
  - Bomb threat
  - Explosion/fire–destruction of property
  - Violent death of an employee/contractor or visitor on premises
  
- Department Leadership/Management/Employee Relations Crisis Issues
  - Unexpected resignation of Director or other hi-profile employee
  - Accusation of misconduct involving conflict of interest, human subjects, or research animals
  - Accusation of personal misconduct
  - Lawsuit filed against Department/leadership
  - Sexual misconduct charges

## **Crisis Lifecycle**

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Understanding the patterns of crisis can help Department teams anticipate problems and respond effectively. These considerations are offered for background purposes.

### **Initial Phase**

The initial phase of a crisis is characterized by confusion and intense media interest. Information is usually incomplete and the facts dispersed. It's important to recognize that information from media, other health offices or other agencies might not be accurate. The Department's role is to learn the facts about what happened, to determine what local and/or national health agencies are doing about the problem and to verify the true magnitude of the event as quickly as possible.

When a crisis is verified, the initial Department media contact notifies key executives of the event and the Director of Communications or Public Information Officer activates the Crisis Communication Plan.

One of the best ways to limit public anxiety in a crisis is to provide useful information about the nature of the problem and what the public can do about it. During the initial phase of an event, the Department seeks to establish itself as a credible source of information. Even when there is little information to offer, the Department can communicate how the agency is investigating the event and when more information will be available. At the very least, messages should demonstrate that the Department is addressing the issues head on – that its approach is reasonable and empathetic.

While pressure to release information prematurely may be intense, appropriate leaders in the incident chain of command must approve the release of any information.

### **Crisis Maintenance**

As the crisis evolves, the Department should anticipate sustained media interest. Unexpected developments, rumors or misinformation, and media scrutiny may place further demands on the Department. Health care professionals and others not associated with the Department may comment publicly on the issue, and possibly contradict or misinterpret the Department's messages. The Department may be criticized over its handling of the situation.

Maintaining coordination with the Department's Incident Commander within the PHIMS structure and other agencies is essential. Processes for tracking media inquiries and Department activities become increasingly important as the workload increases. Department personnel will keep a log of people they talk with, responses to media request, issues raised and actions taken during crises. This stage may involve ADHS conducting activities from the Health Emergency Operations Center and coordinating with the State Emergency Operations Center (SEOC), local Joint Information Centers (JICs) and the State JIC.

The crisis maintenance phase includes an ongoing assessment of the media requests and information needs and the allocation of resources to be sustainable throughout the duration of the event.

**Resolution**

Once the crisis is resolved, the Department may need to respond to media inquiry or scrutiny about how the event was handled. The Department may have an opportunity to reinforce public health messages while the issue is still current. A public education campaign or updates to existing information may be necessary. When the crisis is over, the Department evaluates its performance, documents lessons learned and determines specific actions to improve crisis systems, communications, and the overall crisis plan.

**Recovery**

Once the crisis is resolved, the public, and specifically the affected public will be in a phase of recovery. During this period it will remain necessary to respond to information and media requests, especially about the Department's work to help the public recover from the crisis.



## Public Health Incident Management System (PHIMS)

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Depending on the circumstances, a public health incident management system (PHIMS) will be activated. PHIMS is an operational system is an operational structure based common terminology, modular organization, integrated communications, unified command structure, action planning, manageable span-of-control, pre-designated facilities, and comprehensive resource management. It may become necessary for the public health agency to become the Incident Commander.

In consultation with the Division of Emergency Management, the Department may request activation of the State Emergency Response and Recovery Plan (SERRP), which will lead immediately to the involvement of multiple agencies in emergency response operations under a Unified Command system operating out of the State Emergency Operations Center (SEOC).

### **Outbreak Scenario With Multiple-Agency Involvement**

In the case of an outbreak or epidemic situation that taxes local public health resources, other state and/or federal agencies may contribute to the emergency response. As soon as multiple agencies are involved, two entities are established, the Joint Information Center (JIC) and the Unified Command (UC).

### **Joint Information Center (JIC)**

The JIC<sup>1</sup> is a physical location, usually at a local level, where public affairs officers from participating agencies come together to ensure the coordination and release of accurate and consistent information that is disseminated quickly to the media and the public. The JIC may be established at the headquarters of the local Emergency Operations Center or at an offsite location near the incident. The local health officer appoints one or more public health representatives to the JIC. Representatives may include the public affairs officer, a health educator, and/or a mental health representative. If operating at the JIC is not feasible, all organizations are encouraged to conduct their information activities in cooperation with the JIC. Or if the physical establishment of a JIC is not feasible, a “virtual” JIC may be formed via teleconference and electronic mail operations.

The primary functions of the on-scene JIC are to:

- Provide response information to individuals, families, and business and industry directly or indirectly affected by the emergency.
- Establish phone lines for public and press inquiries.
- Monitor news coverage to ensure that accurate information is being disseminated.

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<sup>1</sup> The term JIC normally refers to the local Joint Information Center. JENC, or Joint Emergency News Center, is the state version of the same concept, providing a state-based center of operations for media oversight. The term JIC is generally the more preferred use of acronym and may sometimes be used at the state level as well.

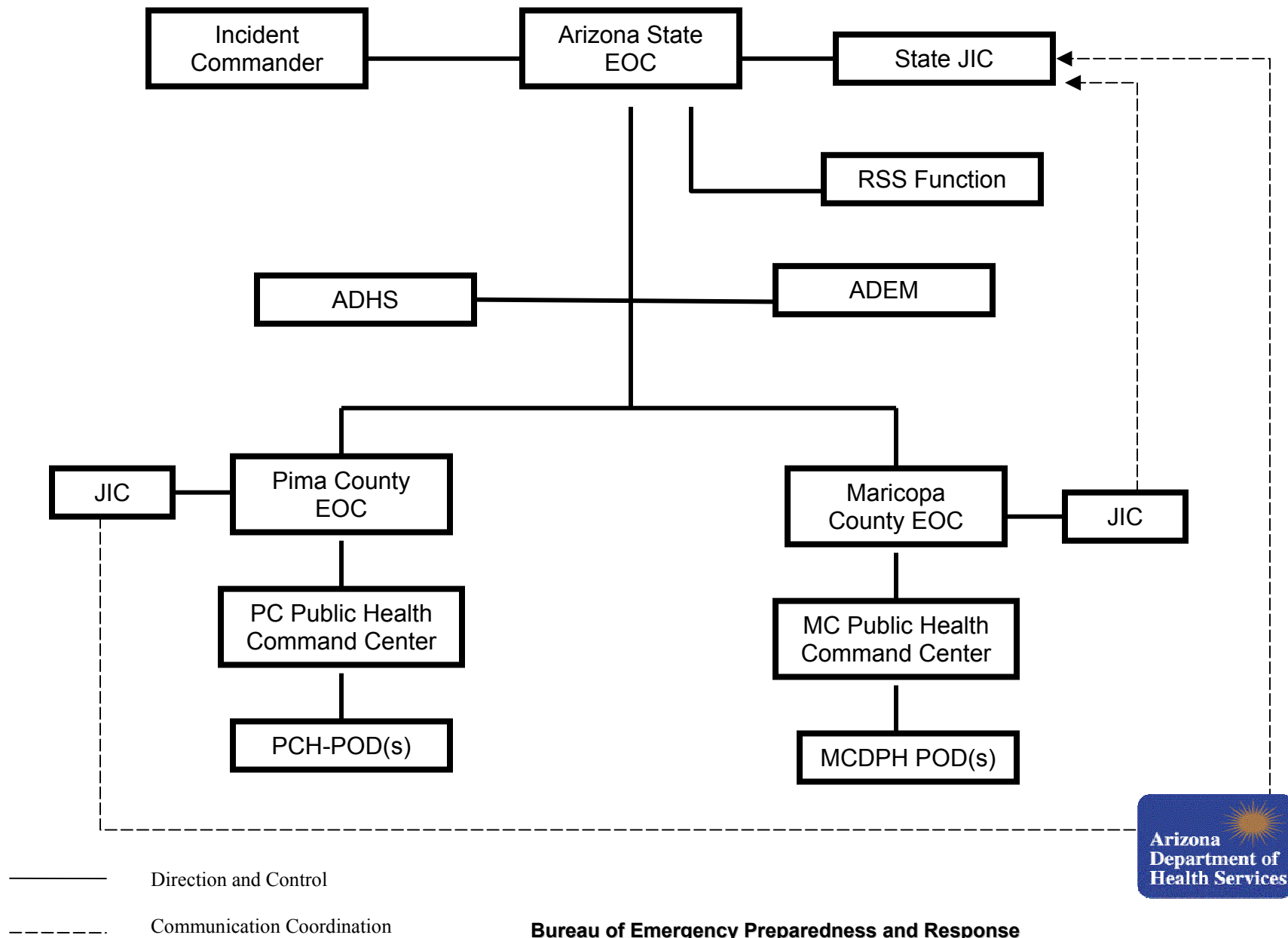
- Take action to correct misunderstandings, misinformation, and incorrect information concerning emergency response and mitigation operations that appear in the news media.
- Ensure that non-English-speaking, hard to reach, and differently-abled populations receive accurate and timely information about emergency response and mitigation operations through appropriate news media and through established community resources.
- Use a broad range of resources to disseminate information to those affected by the disaster and the general public, including the utilization of the emergency alert system, [www.az211.gov](http://www.az211.gov), broadcast fax, the Internet, print, radio, and broadcast news media.
- Maintain contact with and gather information from federal, state, local, and voluntary organizations taking part in emergency response operations.
- Manage news conferences and press operations for disaster area tours by state and FEMA officials and others.
- Provide public affairs support and advice to the State Coordinating Officer, if one is involved in the emergency response.
- Credential press personnel when necessary to control access to sensitive areas.
- Coordinate with logistics staff to provide basic facilities to assist the news media in disseminating information to the public and to credential media representatives.

### **Unified Command (UC)**

Unified Command is a concept of operations used when there are multiple agencies and multiple jurisdictions such as local, county, state and possibly federal. Command is accomplished by consensus. The state may establish a physical UC center (the State Emergency Operations Center, for example) and/or may periodically convene key decision makers to accomplish unified command. A state-level Joint Information Center (JIC) is usually formed to support the local JICs and to ensure a unified state response, and is operated out of the State EOC. In an event, the ADHS Communications Director or PIO should report, as assigned, to the State EOC but be continue to operate within the Health PHIMS structure as well. The state health officer and/or a designee participate(s) in unified command activities and may consult with core working group members, such as the PIO, as necessary.

According to A.R.S. 36-787, ADHS is the lead agencies for crafting public information strategies and messages during a declared public health emergency. ADHS will work within the existing system to coordinate public health messages. The ADHS PIO is the lead PIO within the Health EOC but reports to the Arizona Division of Emergency Management SEOC lead PIO or Governor appointed lead PIO within the State EOC and State JIC and acts as the primary jurisdiction spokesperson for the Department, in accordance with ADHS communication plans and protocols. All state agencies must coordinate the release of information through ADEM and the State and local JICs prior to release.

# EXAMPLE OF AN EMERGENCY MANAGEMENT CHART



## Crisis Team Organization

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### PHIMS Response Structure

The **Public Health Incident Management System (PHIMS)** is the Department's Incident Management System. In other words, it is an organizational framework within which the Department responds to an emergency. During an emergency, Department resources such as personnel and supplies as well as activities, may need to be mobilized across programs. The PHIMS response utilizes a structure that fosters communications between the tactical (front line responders) and through a chain-of-command.

### PHIMS Staff

(See the PHIMS Response Organizational Chart located after this introduction as a visual example)

The **Agency Administrator** consists of the Department Director or their designee who oversees the response. A **Public Policy Advisory Group** may be assembled as needed and is comprised of selected Department Response Sector Leaders (Division Directors, Bureau and Office Chiefs) to assist the Agency Administrator in developing public policy recommendations. The Agency Administrator then assigns an **Incident Commander** who is responsible for managing the Department's response activities by coordinating the Operations, Planning, Logistics and Finance/Administration sections. In addition, this individual develops the Public Health Incident Action Plan (IAP) in conjunction with the Planning Section

The Incident Commander is supported by a command staff that is represented by the State Epidemiologist, Information Officer, Liaison Officer, Safety Officer and a Chief for each of the Operations, Planning, Logistics and Finance/Administration sections.

The PHIMS **Command Staff** is comprised of an **Information Officer**, **Liaison Officer** and a **Safety Officer**. The Information Officer develops material, has it reviewed internally and releases it to the media. The Liaison Officer maintains relations between the Department and outside agencies and the Safety Officer oversees the safety of the response.

The **PHIMS General Staff** includes Operations, Planning, Logistics, and Finance/Administrative responsibilities. These responsibilities remain with the Incident Manager (IM) until they are assigned to other individuals. When the Operations, Planning, Logistics or Finance/Administrative responsibilities are established as separate functions under the IM, they are managed by a section chief and can be supported by other functional units (Group Supervisors and Unit Leads)

- The **Operations Staff** is responsible for carrying out the response activities described in the Incident Action Plan (IAP). The Operations Section Chief coordinates Operation Section activities and has primary responsibility for receiving and implementing the IAP. The Operations Section Chief reports to the Incident Manager and determines the required resources and organizational structure within the Operations Section. Here are some examples of activities that the Operations Section might be involved in:
  - Conduct human case surveillance and characterize an outbreak

- Conduct human case follow-up
- Conduct animal surveillance and characterize an outbreak
- Disseminate data (cases, geographical distribution)
- Handle public, media and health care provider inquiries
- Develop messages covering clinical information and prevention
- Oversee funding to counties for activities
- Make regular updates to local health departments
- Identify need and broker vaccine
- Provide Behavioral Health Services to ADHS staff
- Determine needs and research resources of Arizona hospitals
- The **Planning** Staff is responsible for the collection, evaluation, dissemination and use of information about the development of the incident and status of resources. This section's responsibilities also include creation of the Incident Action Plan (IAP – See attached example), which defines the response activities and resource utilizations for a specified time period.
  - Development of IAP
  - Compilation of PHIMS Updates/Briefs into the weekly/daily Situation Report
- The **Logistics** Staff is responsible for providing additional facilities, services, and materials for the incident response.
  - Additional equipment for HEOC, Communications, Call Center, etc.
  - Facilities
  - Personnel (above and beyond routine need)
- The **Finance and Administrative** Staff is responsible for all financial, administrative, and cost analysis aspects of the incident.
  - Procurement of items
  - Maintenance of contracts

The modular organization of PHIMS allows responders to scale their efforts and apply the parts of the PHIMS structure that best meet the demands of the incident. In other words, there are no hard and fast rules for when or how to expand the PHIMS organization. Many incidents will never require the activation of Planning, Logistics, or Finance/Administration Sections, while others will require some or all of them to be established.

Communications occurs across groups, but also comes directly to one's supervisor and subsequently to the Section Chiefs and Command Staff. The Section Chiefs and Command Staff meet as needed to use information to make decisions. Information from these meetings and regular updates are incorporated into Situation Reports (see attached example) that are disseminated by e-mail to the entire response network to keep everyone up to date and anticipate future issues.

## Crisis Team Assignments

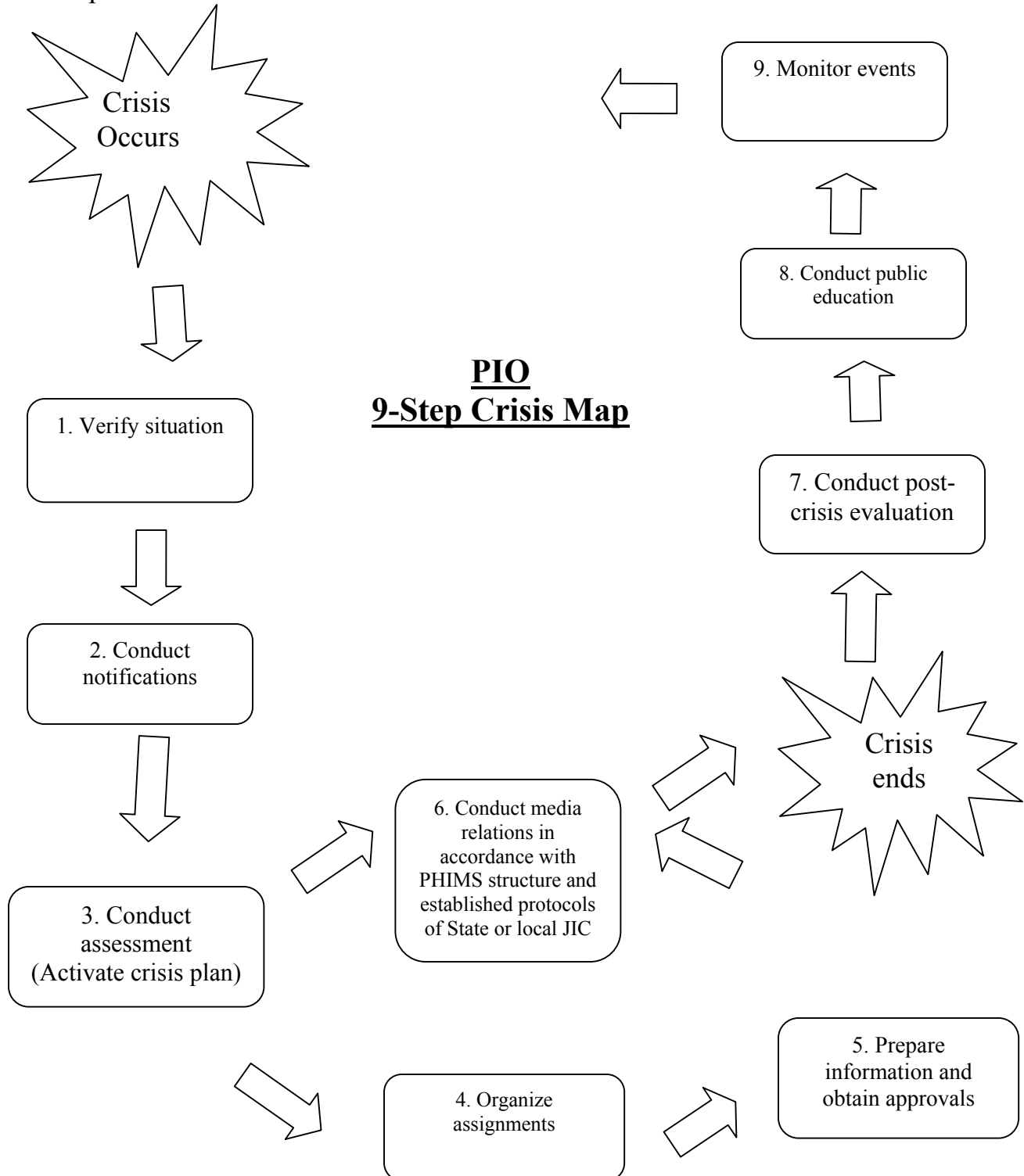
### Media Response PIO Activities

- Manages all media relations related to crisis.
- Assists with all aspects of procedures involved with a State or local Joint Information Center, if established. Follows PIO guidelines as outlined by State Emergency Management Division.
- Appoints spokespersons for Department.
- Identifies Subject Matter Experts (SMEs) for the Department.
- Attends SME meetings/conference calls.
- Develops messages and supporting materials for SMEs.
- Manages SME interface with media.
- Utilizes key messages, message templates and develops and disseminates messages.
- Manages development of all materials for internal and external audiences.
- Utilizing PHIMS approval process for dissemination of information and protocol established by State or local JIC, manages approvals of messages and materials.
- Provides media with approved information/materials.
- Coordinates personnel to handle media logistics, (e.g., logistics/facilities set-up, logging media requests).
- Provides strategic direction for timing and content of media releases and media conferences or briefings.
- Trains and prepares spokespersons for media interfaces.
- Anticipates media's questions and tests spokespersons media responses.
- Determines need for off-site referrals to other agency experts.
- Gathers ongoing data about the crisis.
- Monitors media.

## Crisis Response Checklists

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### 9-Step Crisis Overview



## Step #1. Verify situation

The initial PIO contacted is responsible for verifying the situation. Recognize that information from Department offices, health care professionals or media may not be complete or accurate, and what may seem like a crisis to one source may not be to others.

- ❑ Get the facts.
- ❑ Obtain information from additional sources to put the event in perspective.
- ❑ Ascertain where the information originated and determine its credibility.
  - Did the information come from a federal source such as FBI, CDC, HHS or Epi-Aid?
  - Did the information come from a local channel such as DEM, DPS, the Governor's Office, a hospital, or a county health official?
  - Is this a rumor such as an email chain?
- ❑ Review and critically judge all information.
- ❑ Determine whether the information is consistent with other sources.
- ❑ Determine whether the characterization of the event is plausible.
- ❑ Clarify information through public health staff and managers.
- ❑ Attempt to verify the magnitude of the event.
- ❑ Begin to identify staffing and resource needs to meet the expected media interest.
- ❑ Determine who should be notified of this potential crisis.



## Step #2. Conduct notifications

### **Mandatory Notification and Coordination**

- ☐ Department Director
- ☐ Deputy Directors
- ☐ Assistant Directors
- ☐ PHIMS Incident Commander
- ☐ Governor's Office
- ☐ Office of Legal Counsel
- ☐ County PIOs
- ☐ Local Health Liaison (notify ALHOA and counties)
- ☐ Border Health Liaison (notify Border communities)
- ☐ Tribal Health Liaison (notify ITCA, IHS and tribes)

### **Secondary Notification and Coordination (depending on the event)**

- ☐ Arizona Division of Emergency Management PIO
- ☐ Arizona Department of Public Safety PIO
- ☐ FBI
- ☐ CDC
- ☐ Arizona Dept. of Environmental Quality PIO
- ☐ Arizona Radiation Regulatory Agency
- ☐ Local fire department
- ☐ Arizona Medical Association
- ☐ Arizona Hospital and Health care Association
- ☐ American Red Cross
- ☐ Others as needed

## Step #3. Conduct assessment (activate crisis plan)

Throughout the event, the PIO will continue to gather information and try to determine the severity of the situation and the potential impact on PIO operations, resources and staffing. Based on the initial assessment, and with approval of the Department Director, the Director of Communications activates the Department Crisis Communication Plan.

### **Results**

- ☐ Determine the agency/office/individual in charge of managing the crisis. Ensure direct and frequent contact with the office in charge.
- ☐ Continue to gather and check the facts. What happened? What was done to prevent this situation from happening? What can be done to prevent it from getting worse?
- ☐ Determine what Department is doing to end this crisis. Is there an investigation? Who's involved in the investigation?

- ☐ Determine what other agencies/organizations are doing to solve this crisis.
- ☐ Determine who is being affected by this crisis. What are their perceptions? What do they want and need to know?
- ☐ Determine what the public should be doing.
- ☐ Activate media monitoring.
- ☐ Activate Internet monitoring.
- ☐ Determine what's being said about the event. Is the information accurate?
- ☐ Determine consistency of information across sources.

### **Crisis Assessment Tool (developed by CDC)**

Use the questions below to assess the “crisis level.” The assessment helps Department determine the staffing and resources needed to respond to the situation. It also helps differentiate events when there is more than one crisis going on at a time.

**Level A Crisis** – A true public health emergency with expected casualties. A 24-hour operation may be necessary. (First three boxes checked.)

**Level B Crisis** – An intense crisis, but not a public health emergency for public information. PIO may need to extend its hours of operation. (First box not checked, second or third boxes checked and the majority of the others checked.)

**Level C Crisis** – A media frenzy. (Boxes 1 and 3 not checked, second box checked and a majority of the others checked.)

**Level D Crisis** – A limited crisis. (Less than 50 percent of the boxes checked and the first four boxes not checked.)

- ☐ Is this a legitimate public health emergency requiring widespread public education to prevent further illnesses or deaths (e.g., multi-state e-coli outbreak or BT-event)?
- ☐ Is this the “first,” “worst” or “biggest” of its kind?
- ☐ Are deaths expected above endemic levels?
- ☐ Is the event occurring in a metropolitan area (with likelihood of high media interest)?
- ☐ Is the event national or international?

- ☐ Does the event involve children or special populations?
- ☐ Does the event involve a consumer product, service or industry?
- ☐ Does the event involve any sensitive international trade or political relations?
- ☐ Is this event within the scope of the Department's responsibility?
- ☐ Was the Department's responsible for this event occurring?
- ☐ Is the event possibly man-made, deliberate or intentional?
- ☐ Is the situation getting worse?
- ☐ Could the event become more serious (e.g., a novel influenza virus)?
- ☐ Is media interest significant?
- ☐ Is this a legitimate public health concern?
- ☐ Are there potential long-term health effects related to this event? Does the event involve a criminal investigation?
- ☐ Is the state or city health department at the epicenter of the event not well equipped or trained to manage a media response of this magnitude?

#### **Step #4. Organize assignments**

The Incident Manager, in consultation with the Department Director, coordinates the PHIMS Response Structure.

#### **Ongoing organizational issues**

- ☐ What do investigators say about the potential for the crisis getting worse?
- ☐ Could events result in more intense public/media interest?
- ☐ What rumors or points of conflict have been identified?
- ☐ How should the Department respond to these issues? Is our response working?
- ☐ Should the Department continue to be a source of information for the media about this crisis or should some issues be more appropriately addressed by other government entities?

- ❑ Are the teams operating with more or less equal intensity? How could we improve efficiency? Would reassignments help?
- ❑ Should the IM and PIO determine a time for daily updates to media (e.g., set a time for a media update via web and broadcast fax) or cancel the regular updates?
- ❑ Are hourly/daily/weekly SME briefings appropriate to reduce the demand for one-on-one interviews with SMEs?
- ❑ What is the PHIMS Response Group learning from the public and media that could be useful to Department outbreak investigators and policy managers?
- ❑ Are partner organizations concerned about their own reputations?
- ❑ Which partners are or should be involved in this crisis?
- ❑ How do partners want to get involved in the Department's response?
- ❑ Have mandatory and secondary notifications been made?
- ❑ Have the key partners been updated? When?

## Step #5. Prepare information and obtain approvals

This function includes all message development and materials development activities, the approval process and coordination of information bureaus, offices and programs of the Department. General public and health care provider information must be made immediately available via fact sheets, FAQs, Vaccine Information Sheets, and other relevant materials. Information should be updated on at least a daily basis to the ADHS Web site.

### Message development

- ❑ Who are our audiences? Who's been affected by this event? Who's upset or concerned?
- ❑ Who needs to be alerted to this situation?
- ❑ What hard to reach populations will be affected by this event?
- ❑ What are audiences' perceptions and information needs?

- ❑ What do media want to know?
- ❑ How should the Department show empathy?
- ❑ What are the facts? What happened?
- ❑ What is our policy on this issue?
- ❑ What is the Department doing about this issue? How are we solving the problem?
- ❑ What did the Department do to prevent this from happening?
- ❑ What other agencies or third parties are involved? What are they saying?
- ❑ What should the public be doing?
- ❑ What public information is available?
- ❑ When will more information be available?

Information should be presented in an audience appropriate format (i.e., general public, health care providers, legislators, senior citizens). Scientific and technical jargon should be avoided.

### **Public Health Information Line (PHIL)**

The Public Information Office and The Office of Public Health Emergency Preparedness and Response are responsible for coordinating the scripting and activation of the State Public Health hotline. The bi-lingual, 24/7 menu-driven State Public Health Hotline is administered through the Dept. of Administration. Metro Phoenix 602.364.4500, statewide 800.314.9243. For detailed procedures on how to change the information on the recorded line, see Appendix G.

### **Information approval process**

At all times, the Department Director, Deputy Director and Assistant Director of Public Health or their designees will approve all information for public use. Or, in a crisis approval will happen as per the PHIMS Command Structure. It is critical that all parties involved in the approval process understand the need for timeliness and responsiveness in disseminating information to the public. For specific approval process and confidentiality guidelines for press releases, Web updates or other communication materials, contact your Office Chief or Bureau Chief. See The Crisis Communication Action Plan (Appendix A) for additional information. All information posted on the ADHS Web site must be approval by the Incident Manager and the ADHS Director of Communications.

## Step #6. Conduct media relations

General media relations guidelines remain in effect during crisis events. Please see Appendix B. Below are additional considerations.

### Identified Spokespersons

Following is a list of Department approved spokesperson positions, in addition to the Public Information Office. The Incident Commander, the Director, or their designee may identify other spokespersons during the course of the event.

- ☐ Director Susan Gerard
- ☐ Deputy Director Rose Conner
- ☐ Communications Director Michael Murphy
- ☐ Assistant Director, Public Health, Niki O’Keeffe
- ☐ Public Information Officer for Public Health, Mary Ehlert
- ☐ Deputy Assistant Director, Public Health, Jeanette Shea-Ramirez
- ☐ Deputy Assistant Director, Public Health, Will Humble
- ☐ State Epidemiologist David Engelthaler
- ☐ Chief Medical Officer Dr. Karen Lewis
- ☐ Chief, Office of Bioterrorism and Epidemic Preparedness and Response, Jane Wixted
- ☐ Chief, State Lab, Victor Waddell
- ☐ Bureau Chief, Epidemiology and Disease Control, Ashraff Lasee
- ☐ Infectious disease specialist physician, Dr. Peter Kelly
- ☐ Spanish language spokespersons, Dr. Karen Lewis, Michael Murphy

### Media questions to anticipate

- ☐ What happened?
- ☐ Who’s in charge?
- ☐ What are you doing for the people who got hurt?
- ☐ Is the situation under control?
- ☐ What can we expect?
- ☐ How did this happen?
- ☐ Why wasn’t this prevented from happening?
- ☐ What else can go wrong?
- ☐ When did you begin working on this (were notified of this, determined this)?
- ☐ What does this data/information/results mean?
- ☐ What bad things aren’t you telling us?

### When talking to the media ...

- ☐ Express empathy; acknowledge victims and/or their concerns
- ☐ Provide only approved information, do not speculate or interject personal opinion.
- ☐ State the facts about the event.
- ☐ Describe the data collection and investigation process.
- ☐ Describe what the Department is doing about the crisis.
- ☐ Explain what the public should be doing.

- ❑ Describe how to obtain more information about the situation.

**Alternatives to “no comment”**

When the Department is not able to talk about an event, rather than saying “no comment” try to establish an open line of communications in response to media inquiries. Possible responses:

- ❑ "We've just learned about the situation and are trying to get more complete information now."
- ❑ "All our efforts are directed at bringing the situation under control, so I cannot speculate about the cause of the incident."
- ❑ \_\_\_\_\_ is the agency with jurisdiction on that topic/the expert on that topic... I will have them call you. What is your deadline? We're preparing a statement on that now it will be released time/in two hours and available via email/at a briefing to be held at time/in two hours, etc.

## Step #7. Conduct post-crisis evaluation

As soon as feasible following a crisis, the PHIMS Response Team will conduct a “hot wash” or after action evaluation of its response. The PIO’s role in the hot wash is to:

- ❑ Compile and analyze comments and criticisms from Department employees, the public, health care providers, emergency response personnel, local health offices and other stakeholders.
- ❑ Analyze and discuss media interviews done by Department personnel, SMEs, etc. and analyze media coverage.
- ❑ Report results of comments and analysis to Department leadership.
- ❑ Determine need for changes to the Department Crisis Communication Plan and need for
- ❑ Determine need to improve policies and processes.
- ❑ Institutionalize changes with appropriate training.
- ❑ Revise crisis plan policies and procedures based on lessons learned.



## Step #8. Conduct public education

Once the crisis has subsided, PHIMS Response Team and the ADHS Public Information Office may need to carry out additional public education activities.

- ☐ Should the Department be educating the public about public health issues related to this crisis?
- ☐ What are the public's perceptions and information needs related to this crisis?
- ☐ Does the public understand the Department's health messages on this issue? Are they taking appropriate actions?
- ☐ Should we also consider audiences that were not involved in the crisis for public education?
- ☐ Should a public health message related to this crisis event be incorporated into other health communication activities (e.g., Public Health Week or National Infant Immunization Week)?
- ☐ Should we use this event to highlight any related public health messages?

## Step #9. Monitor events

The PIO and the ERG should monitor events and exchange information on an ongoing basis during an emergency. Checklist to include:

- ☐ Media monitoring
- ☐ Internet monitoring
- ☐ Ongoing exchanges of information with county health departments, other agencies, state health departments
- ☐ Ongoing communications with SMEs and Department partners
- ☐ Monitoring of public opinion data and other Department research

## **Logistics**

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In the event of a serious infectious disease outbreak or epidemic, logistical response systems must be put in place quickly. County public health agencies need to identify sites that can serve as a joint information center (JIC) or a media center. Such sites must be able to accommodate multiple phone lines and have ample electrical outlets for other communication equipment, including fax machines, computer modems, televisions (to monitor broadcast news reports), etc. In addition, a system for immediate communication across agencies within the state should be established well in advance of an emergency.

A standard PIO mobilization package (Tak Pack) is available with the following suggested contents:

### **State owned equipment**

- State (or rental) vehicle
- Cell phone with extra battery, charger and dc cable with cigarette lighter adapter
- Laptop computer w/modem & portable printer
- Digital camera with spare battery, memory card, card reader
- Telephone credit card (optional)
- State credit card for general expenses up to \$1000 (film development, printing, etc.)
- Media contact list

### **Personally Owned Equipment**

- Clothes for the climate of the affected area
- Medications
- Cash/credit card for emergencies
- Name and phone number of next of kin

## **Local Communications and Response Networks**

Health agencies should determine in advance with whom they may need to communicate during a small- or large-scale infectious disease outbreak. Contact lists (including cell phone, batch faxes, email lists, etc.) should be reviewed and updated *at least* monthly and should include the following:

Need to include updated contact lists for all listed partners.

- Media organizations
- Local health agencies
- Laboratories (state, county, environmental health, Department of Agriculture, university-based, and clinical labs in physician offices/hospitals)
- Health care organizations (hospitals, health clinics, professional associations, etc.)
- Mental health services
- Schools and universities
- Sources of antidotes, vaccines and other therapeutic agents
- First responders (including local emergency medical response agencies) and public safety officials

- State and local emergency management agencies
- State emergency response commissions, local emergency planning commissions, and, if existing, National Guard Weapons of Mass Destruction (WMD) Civilian Response teams
- State-based contacts to federal agencies that may provide additional support during emergency situations (e.g., National Domestic Preparedness Office, FBI Weapons of Mass Destruction program)

In general, it is best to establish working relationships with community partners before an emergency situation arises. Therefore, development of community education and response networks will necessitate the active involvement of local health agencies. Community partners, such as schools and hospitals must first be identified. Beyond simple contact lists, health agencies may wish to develop and maintain a partnership manual mapping community resources that are available during a crisis. State and local health agencies can build ongoing relationships with partners through a series of periodic health education and other activities:

- Involving partners in health department projects, when appropriate
- Participating in partner activities, when appropriate
- Distributing periodic educational alerts
- Including partners in training programs. Such programs might include laboratory workshops, seminars/workshops for teachers and other school staff (food service providers, nurses, etc.), risk communication training for select partners, invitations to participate in ongoing educational programs for health agency staff, etc.
- Engaging in multi-agency simulation exercises

### **Continuing Risk Communication Training for Health Department Staff**

Health department officials designated as spokespersons should take advantage of risk communication and emergency response training programs, and should assure that they have support personnel trained to work with the public and with the media during a crisis. Among the organizations which periodically offer these kinds of training programs are the National Public Health Information Coalition, the National Laboratory Training Network (hosted by the Association of Public Health Laboratories and the CDC), the Public Health Training Network (hosted by the CDC), the Federal Emergency Management Agency, state emergency management agencies, state emergency medical services agencies, and the Centers for Disease Control and Prevention. The Department is also providing media training to designated spokespersons herein.

## Event-Specific Guidelines

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### National and multi-state disease outbreak investigation or environmental crisis (information provided by CDC)

- ❑ CDC is a non-regulatory Federal agency that must be invited by a state health department or foreign ministry of health to participate in the disease investigation.
- ❑ The state or local health department, unless otherwise designated, has the lead on the public health investigation.
- ❑ When the investigation involves one state, the lead state health department “owns” the information and is the releasing authority to the media. All media information provided by CDC is coordinated through the lead agency.
- ❑ When multiple states or a nationwide disease outbreak is detected, lead media responsibility converts to CDC.
- ❑ When the Federal Response Plan is activated following a significant natural disaster or man-made event, HHS/Public Health Service directs the public health and medical care services.
- ❑ All information released by CDC should be coordinated with the states prior to release.

### Bioterrorism event

If an infectious disease outbreak is threatened or initiated as part of announced terrorist activities, law enforcement agencies, e.g., the Federal Bureau of Investigation (FBI) would immediately assume command of federal criminal investigations. A core-working group would be established at the level of the state health agency to coordinate surveillance and other public health support activities. A JIC would be immediately established with public health representation as described above. The state health officer or designee would take part in unified command activities as described above.

- ❑ During all disease outbreak investigations, do not speculate on the possibility of an outbreak being a bioterrorism event. A suspected bioterrorism event could be any disease outbreak in which one or more elements of the outbreak mirror aspects expected in a bioterrorism event. Some of these elements include: a novel virus, an outbreak out of season, persons becoming ill who are normally not at high risk of being ill.
- ❑ Do not speculate on the CDC or FBI's participation in an investigation. Inform media that disease outbreak investigations routinely include questions about the possibility of an

intentional act and that it is the Department's policy not to speculate on this possibility during a disease outbreak investigation.

### Chemical/Radiological terrorism event

- ❑ Department and PHIMS Response Team personnel who become aware of a possible chemical/radiological terrorism event should notify the Office Public Health Emergency Preparedness and Response (after hours through on-call emergency list or answering service).
- ❑ Ensure contact with appropriate agencies (i.e., Division of Emergency Mgmt., Arizona Radiation Regulatory Agency, DPS, FBI, etc.) is made to determine chain of command in response.

## Continuity of Operations Checklists

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Emergencies that prevent access to ADHS main building at 150 N. 18<sup>th</sup> Ave., but leave mainframe intact

- ❑ Operations plan for notifying PHIMS personnel about alternate work site, schedules and operations. (Re-locate to other ADHS building sites at TBD).
- ❑ Temporary site for press operations (ADEM or Homeland Security).
- ❑ Portable workstations and computers with Internet and e-mail access.
- ❑ Media monitoring capability.
- ❑ Ability to forward media calls to temporary site.
- ❑ Credit cards for emergency purchases.
- ❑ Support for travel approvals.

Emergencies that prevent access to 150 N. 18<sup>th</sup> Ave and break mainframe access

- ❑ Plan for maintaining communications with CDC, Counties, Hospitals, etc.
- ❑ Satellite in physical proximity of Department command center operations.
- ❑ Plan for secure phone lines, Internet and email access, cell phones, pagers, and workstations.
- ❑ Agreements with other Department communication offices to use space at alternate campus for temporary PHIMS operations.
- ❑ Media and Internet monitoring capabilities.
- ❑ Credit cards for emergency purchases.
- ❑ Support for travel approvals.
- ❑ Press conference logistics capability.

## Plan Development and Maintenance

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All emergency response plans, including this one, should be reviewed and updated at least annually. It may be helpful to assign the responsibility for coordinating this effort to one individual. The revision process should include developing or updating any documents necessary to implement the plan (e.g., lists of local health department and media contacts).

## Appendixes

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- Appendix A-- ADHS Crisis Communication Action Plan
- Appendix B -- ADHS Media Relations Guidelines
- Appendix C-- ADHS Emergency Response Plan
- Appendix D -- Media Contact List
- Appendix E -- State/County Bioterrorism Program Contacts
- Appendix F – Public Health Information Line Procedures